

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559,593

FILING DATE

APPLICATION

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1 2					53						
4		2 1					54						
5		1 2					55						
6		1 2					56						
7		1 2					57						
8		1 2					58						
9		1 2					59						
10		1 2					60						
11		1 2					61						
12		1 2					62						
13		1 2					63						
14		1 2					64						
15		1 2					65						
16		1 2					66						
17		1 2					67						
18		1 2					68						
19		1 2					69						
20		1 2					70						
21		1 2					71						
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23		1 2					73						
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25		1 2					75						
26		1 2					76						
27		1 2					77						
28		1 2					78						
29		1 2					79						
30		1 2					80						
31		1 2					81						
32		1 2					82						
33		1 2					83						
34		1 2					84						
35		1 2					85						
36		1 2					86						
37		1 2					87						
38		1 2					88						
39		1 2					89						
40		1 2					90						
41		1 2					91						
42		1 2					92						
43		1 2					93						
44		1 2					94						
45		1 2					95						
46		1 2					96						
47		1 2					97						
48		1 2					98						
49		1 2					99						
50		1 2					100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						